

Northern AZ Community Resource Directory

Instructions for the Directory Questionnaire

Thank you for taking the time to read and complete this questionnaire. The information you provide about your agency in this packet will enable us to maintain an up-to-date and detailed web directory of available services in your community. *This site and project have been made possible by Coconino County Community Services, in cooperation with the Resource Action Network of Northern Arizona (RANNA).*

To begin with, take a moment to glance over the rest of this packet, and perhaps visit the actual web site where all of the directory information (including yours) will be accessible to the general public, at: <http://co.coconino.az.us/resourcedirectory/>. We recommend looking over specific agencies and services in the directory, to get an idea of the types of information we are looking for and how we will present that information on the site.

Now that you have seen the finished product, the rest of this material may be easier to understand and complete. These instructions have been condensed for your convenience- if you require further explanation on any question or section, a complete set of instructions can be obtained by calling Wenda Meyer at (928) 522-7943. The majority of the questions on this questionnaire are self-explanatory. However, here are some of the main points we would like you to be especially clear on;

1. The first page of this packet is the **Agency Page**. This is the general information about your organization, and will be the initial information to be accessed by the site users.

– * IF YOU READ NOTHING ELSE, *
PLEASE READ THE SECTION BELOW!

2. **Service Categories, and Service Information Page:**
This is **THE MOST IMPORTANT SECTION** of the entire packet.
- The **PURPOSE** of this section is to identify which main categories of services your agency provides, along with their sub-categories.
- **First**, go to the page in the packet titled "Services". This page shows a list of **general** service categories, ex: "AIDS Education, Referral, and Testing". Under that heading, it then lists several **sub-categories** of that service, such as "Advocacy/ Legal", and "Case Management".
- Browse through this page, and consider which specific categories and sub-categories your agency provides, **checking** those that apply directly to your agency. For Example:



**Advocacy
Counseling
Education**



Domestic Violence



General/ Main Category



sub-categories

- Now that you have gone through and checked **only those sub-categories that directly are provided by your organization**, it is time to fill out the "Service Information Pages". The trick to this section is that you need to fill out a *separate* "Service Information Page" for EVERY sub-category that you checked.
- For example, using the visual from the last example, you checked the sub-category "Advocacy" under the main service category "Domestic Violence". On the line titled "Name of the Service box checked", you would write **"Domestic Violence- Advocacy"**, and would then proceed to complete the rest of that page as it related **ONLY** to that service.
- One of these "Service Information Pages" needs to be completed for EVERY sub-category service that you check, so it may be a good idea to really think about which specific services your agency provides.
- Q: What if the service information is the same for several different sub-categories?
A: We recommend filling out the general information on one Service Info. Page, making several copies, and then of course writing in a **SEPARATE** service sub-category on each page.

To make this process as painless as possible, you may want to divide up the labor, giving a section of services to an associate working in that particular area of your organization. We'd like the information you provide to be as helpful as possible to those you are trying to serve, and we appreciate you taking the time to complete this packet. Once you have completed and filled out all of the information, we'd like you to make YOUR OWN COPY of the packet before sending the original to us. This precaution will ensure that your information remains available for future review.

Please write your name in the space entitled "Completed by" at the end of the packet, as well as your phone number and extension, so that we will know whom to contact if we have any questions regarding the information you submitted. This number will only be used specifically for this information-gathering stage, and will not be released to the general public.

Once again if you have any questions or comments, please call Wenda Meyer at (928) 522-7943, or e-mail us at <mailto:resourcedirectory@co.coconino.az.us>. You may fax completed questionnaires to (928) 522-7965, or mail them to W. Meyer, Community Services, 2625 N. King St., Flagstaff, AZ, 86004.

Thank you again, and Happy Browsing!

AGENCY INFORMATION PAGE

(PLEASE TYPE OR PRINT CLEARLY)

1. NAME OF AGENCY OR SERVICE PROVIDER: _____

2. TTY #: _____ PHONE #: _____

FAX #: _____ TOLL FREE #: _____

3. ADDRESS:

| |
|--|
| |
|--|

4. WEBSITE
ADDRESS: _____

5. DIRECTOR'S
NAME: _____

6. BUSINESS HOURS:

| |
|--|
| |
|--|

7. VOLUNTEER OPPORTUNITIES:

| |
|--|
| |
|--|

SERVICES

*SELECT THE SERVICE PROVIDED FROM THE LIST BELOW

AIDS EDUCATION, REFERRAL AND TESTING

- ☐ ADVOCACY/ LEGAL
- ☐ CASE MANAGEMENT
- ☐ EDUCATION
- ☐ EMOTIONAL SUPPORT/COUNSELING
- ☐ OUTREACH
- ☐ REFERRAL
- ☐ SUPPORT GROUPS
- ☐ TESTING
- ☐ TREATMENT

ALCOHOL AND DRUG ABUSE SERVICES

- ☐ CASE MANAGEMENT
- ☐ COUNSELING
- ☐ CRISIS HOTLINE
- ☐ EDUCATION
- ☐ INPATIENT TREATMENT PROGRAM
- ☐ OUTPATIENT TREATMENT PROGRAM
- ☐ PREVENTION ACTIVITIES
- ☐ REFERRAL
- ☐ SUPPORT GROUPS
- ☐ TOBACCO

CHILD ABUSE AND NEGLECT

- ☐ ADVOCACY
- ☐ COUNSELING
- ☐ EDUCATION
- ☐ INFORMATION AND REFERRAL
- ☐ PREVENTION
- ☐ REPORTING AND INVESTIGATION
- ☐ SHELTER/ RESPITE

CHILDREN'S SERVICES

- ☐ ADULT COMPANIONSHIP
- ☐ ADVOCACY
- ☐ AFTER-SCHOOL PROGRAMS
- ☐ CASE MANAGEMENT
- ☐ CHILD CARE
- ☐ COUNSELING
- ☐ DIAGNOSTIC SERVICES
- ☐ DISABILITY SERVICES
- ☐ EARLY INTERVENTION
- ☐ FOOD AND NUTRITION
- ☐ HEALTH SERVICES
- ☐ INFORMATION/ REFERRAL
- ☐ MEDICAL &/ OR THERAPEUTIC CARE
- ☐ MENTORING
- ☐ RECREATION/ ENTERTAINMENT
- ☐ REHABILITATION
- ☐ RESIDENTIAL SERVICES/ SHELTER
- ☐ SPECIAL/ HUMANITARIAN SERVICES

DISABILITY SERVICES

- ☐ ADVISING/ GUIDANCE
- ☐ ADVOCACY
- ☐ CAREER DEVELOPMENT
- ☐ CASE MANAGEMENT
- ☐ DISABILITY RESOURCES
- ☐ EARLY INTERVENTION
- ☐ EDUCATIONAL SERVICES
- ☐ EVALUATION/ TESTING
- ☐ FINANCIAL ASSISTANCE
- ☐ INFORMATION AND REFERRAL
- ☐ MEDICAL CARE
- ☐ OUTREACH
- ☐ PEER COUNSELING/ SUPPORT
- ☐ RECREATION
- ☐ RESIDENTIAL SERVICES
- ☐ SUPPORT GROUPS
- ☐ THERAPEUTIC CARE
- ☐ TRANSPORTATION
- ☐ VOCATIONAL SERVICES

DOMESTIC VIOLENCE

- ☐ ADVOCACY
- ☐ COUNSELING
- ☐ EDUCATION
- ☐ INFORMATION AND REFERRAL
- ☐ LEGAL ASSISTANCE
- ☐ OUTREACH
- ☐ PEER SUPPORT GROUP
- ☐ PREVENTION
- ☐ REPORTING AND INVESTIGATION
- ☐ SHELTER

EDUCATION

- ☐ ADULT BASIC LITERACY
- ☐ ADVISING/ GUIDANCE
- ☐ AFTERSCHOOL PROGRAMS
- ☐ COLLEGE
- ☐ ESL
- ☐ GED
- ☐ HEAD START
- ☐ PRE-SCHOOL
- ☐ SPECIAL INTEREST
- ☐ SUPPORT SERVICES
- ☐ VOCATIONAL

EMERGENCY SERVICES

- ☐ CASE MANAGEMENT
- ☐ DISASTER SUPPORT
- ☐ FOOD
- ☐ RENTAL/MORTGAGE ASSISTANCE
- ☐ SHELTER
- ☐ TRANSPORTATION
- ☐ UTILITIES

ENVIRONMENTAL SERVICES

CONSERVATION PROGRAMS
EDUCATION
ENVIRONMENTAL CORPS/ EMPLOYMENT
RECYCLING
SPECIAL PROGRAMS

FAMILY SERVICES

- ☐ CHILD SUPPORT ENFORCEMENT
- ☐ COUNSELING
- ☐ DIVORCE

DOMESTIC VIOLENCE

FAMILY PLANNING/ CONTRACEPTION

- ☐ PARENTING EDUCATION
- ☐ SUPPORT GROUPS

FINANCIAL ASSISTANCE

- ☐ AFDC(TANF)/ TPEP/ CASH ASSISTANCE
- ☐ COUNSELING
- ☐ EDUCATION
- ☐ EMERGENCY ASSISTANCE

HEALTH INSURANCE

TRAVELERS/ TRANSIENT AID

- ☐ UTILITIES

FOOD AND NUTRITION

- ☐ EMERGENCY
- ☐ FOOD BANKS
- ☐ FOOD STAMPS
- ☐ MEALS

NUTRITION EDUCATION

WIC

FOSTER CARE/ ADOPTION

- ☐ BIRTHPARENT COUNSELING
- ☐ FOSTER CARE
- ☐ INFORMATION AND REFERRAL
- ☐ LICENSED ADOPTION AGENCY

PEER SUPPORT GROUPS

SEARCH ASSISTANCE

HEALTH CARE AND EDUCATION

- ☐ ADULT
- ☐ AGING
- ☐ AWARENESS/ EDUCATION

CHILDREN

DENTAL SERVICES/ EDUCATION

EDUCATION

- ☐ HOSPICE/ DEATH AND DYING
- ☐ HOSPITALS/ CLINICS
- ☐ INSURANCE/ AHCCCS
- ☐ NATIVE AMERICAN
- ☐ SAFETY
- ☐ SUPPORT GROUPS
- ☐ TRANSPORTATION

HOMELESS SERVICES

CASE MANAGEMENT

CLOTHING

FIANACIAL ASSISTANCE

FOOD/ MEALS

SHELTER- MEN

SHELTER- WOMEN AND CHILDREN

- ☐ SHELTER- YOUTH
- ☐ TEMPORARY SHELTER/ ASSISTANCE
- ☐ TRAVELER'S AID

HOUSING

- ☐ EMERGENCY/ HOMELESS

HOMEBUYING ASSISTANCE

HOUSING REPAIR/ WEATHERIZATION

- ☐ RENTAL ASSISTANCE
- ☐ RESIDENTAIL SERVICES- ADULT
- ☐ RESIDENTIAL SERVICES- CHILDREN
- ☐ RESIDENTIAL SERVICES- ELDER
- ☐ RESIDENTIAL SERVICES-YOUTH

IMMIGRATION RESOURCES

- ☐ CITIZENSHIP CLASSES

ENGLISH AS A SECOND LANGUAGE

IMMIGRATION SERVICES

JOB SERVICES, EDUCATION AND TRAINING

- ☐ INFORMATION SERVICES

JOB READINESS

JOB SEARCH/ JOB POSTINGS

- ☐ PLACEMENT
- ☐ TRAINING PROGRAMS
- ☐ YOUTH

LEGAL SERVICES

- ☐ CHILD SUPPORT ENFORCEMENT

COURTS

LANDLORD/ TENANT

- ☐ LEGAL ASSISTANCE
- ☐ VICTIM SERVICES/ DOMESTIC VIOLENCE

MEDICAL SERVICES

- ☐ CHILDBIRTH CLASSES

CHRONIC ILLNESS/ LONG TERM CARE

DENTAL SERVICES

- ☐ DEVELOPMENTAL DISABILITIES-ADULT
- ☐ DEVELOPMENTAL DISABILITIES-CHILD
- ☐ ELDER CARE
- ☐ HOME HEALTH CARE
- ☐ HOSPICE/ DEATH AND DYING
- ☐ HOSPITALS/ CLINICS
- ☐ INSURANCE/ FINANCIAL ASSISTANCE
- ☐ PSYCHIATRIC CARE
- ☐ REHABILITATION
- ☐ TRANSPORTATION

MENTAL HEALTH/ COUNSELING

EDUCATIONAL

FAMILY

INDIVIDUAL

- ☐ INPATIENT SERVICES
- ☐ PEER SUPPORT GROUP
- ☐ PREVENTION
- ☐ PSYCHIATRIC CARE
- ☐ VOCATIONAL

NATIVE AMERICAN SERVICES

- ☐ ADULT EDUCATION

COUNSELING

DENTAL SERVICES

- ☐ ECONOMIC DEVELOPMENT
- ☐ EMPLOYMENT
- ☐ HEALTH CARE
- ☐ HOSPITALS/ CLINICS
- ☐ LITERACY
- ☐ RELOCATION SERVICES
- ☐ SUBSTANCE ABUSE
- ☐ YOUTH SERVICES

NEIGHBORHOOD SERVICES

- ☐ BLOCK WATCH/ NEIGHBORHOOD WATCH
- ☐ COMMUNITY BUILDING

NEIGHBORHOOD BEAUTIFICATION

PARENTING

- ☐ CLASSES
- ☐ COUNSELING
- ☐ CRISIS
- ☐ EARLY INTERVENTION

- ☐ RESPITE

- ☐ SUPPORT GROUPS

PET/ ANIMAL SERVICES

- ☐ EMERGENCY SHELTER
- ☐ SHELTER
- ☐ THERAPEUTIC PROGRAMS

PREGNANCY

- ☐ CHILD BIRTH CLASSES
- ☐ CLOTHING/ FURNITURE
- ☐ COUNSELING
- ☐ FAMILY PLANNING/ CONTRACEPTION
- ☐ FINANCIAL ASSISTANCE
- ☐ HOUSING
- ☐ PRENATAL CARE
- ☐ TEEN EDUCATION
- ☐ TESTING

PUBLIC FIDUCIARY SERVICES

CASE MANAGEMENT

FINANCIAL- CONSERVATOR

INDIVIDUAL

WELL BEING: GUARDIAN, SOCIAL, HEALTH

SELF-HELP GROUPS

ABUSE

ADOPTION

AGING

- ☐ ALCOHOL AND OTHER DRUG ABUSE
- ☐ DISABILITIES
- ☐ DIVORCE
- ☐ DOMESTIC VIOLENCE
- ☐ GRIEF
- ☐ HEALTH
- ☐ MENTAL HEALTH
- ☐ PARENTING
- ☐ SEXUALITY

SENIOR SERVICES

- ☐ ADVOCACY

DISABILITY

EMPLOYMENT

- ☐ FOOD AND NUTRITION
- ☐ HEALTH CARE
- ☐ HOUSING T
- ☐ IN HOME SERVICES
- ☐ MEDICAL INSURANCE
- ☐ PROTECTION
- ☐ RECREATION
- ☐ SOCIAL SECURITY
- ☐ TRANSPORTATION
- ☐ VOLUNTEER OPPORTUNITIES

SEXUAL ABUSE

- ☐ COUNSELING
- ☐ CRISIS SERVICES
- ☐ FORENSIC INTERVIEW
- ☐ INVESTIGATION
- ☐ LEGAL PROTECTION
- ☐ LEGAL SUPPORT
- ☐ MEDICAL SERVICES
- ☐ SURVIVOR SUPPORT GROUPS
- ☐ VICTIM SERVICES

SHELTER/ RESIDENTIAL SERVICES

- ☐ DOMESTIC VIOLENCE
- ☐ EMERGENCY HOMELESS-MEN
- ☐ EMERGENCY HOMELESS-WOMEN & CHILDREN
- ☐ RESIDENTIAL-ADULT
- ☐ RESIDENTIAL-CHILDREN
- ☐ RESIDENTIAL-ELDER
- ☐ RESIDENTIAL-YOUTH

TRANSPORTATION

- ☐ CRISIS
- ☐ DISABLED
- ☐ ELDER
- ☐ LIMITED INCOME
- ☐ MEDICAL APPOINTMENT

ÿ PUBLIC
VOUCHERS

RESPIRE SERVICES

- ☐ IN HOME SERVICES
- ☐ SHELTER-ADULTS
- ☐ SHELTER- CHILDREN

VOLUNTEERS

- ☐ ADULT VOLUNTEER OPPORTUNITIES
- ☐ ELDER VOLUNTEER OPPORTUNITIES
- ☐ GENERAL VOLUNTEER OPPORTUNITIES
- ☐ YOUTH VOLUNTEER OPPORTUNITIES

YOUTH SERVICES

- ☐ ADVOCACY
- ☐ CRISIS COUNSELING
- ☐ EDUCATION AND TRAINING
- ☐ EMPLOYMENT
- ☐ INTERVENTION PROGRAMS
- ☐ RECREATION/ ENTERTAINMENT
- ☐ RESIDENTIAL SERVICES
- ☐ SUPPORT GROUPS
- ☐ YOUTH DEVELOPMENTAL PROGRAMS

SERVICE INFORMATION PAGE

***A *separate* Service Information Page is needed for *each* service marked on the list of services on the Agency Information Page.**

1. NAME OF AGENCY:_____

2. NAME OF THE MAIN SERVICE CATEGORY, AND SUB-CATEGORY CHECKED:

3. ADDRESS AND DESCRIPTION OF LOCATION OF OFFICE: (if necessary)

| |
|--|
| |
|--|

4. CONTACT/ TITLE:_____

5. E-MAIL ADDRESS:_____

6. PHONE #:_____ **TOLL FREE #:**_____

TTY #: _____ FAX #: _____

7. SERVICE DESCRIPTION:

| |
|--|
| |
|--|

8. ELIGIBILITY REQUIREMENTS:

| |
|--|
| |
|--|

9. SPECIAL SERVICE HOURS:

| |
|--|
| |
|--|

10. LANGUAGES SPOKEN:_____

11. DOCUMENTS REQUIRED- PLEASE CHECK ALL THAT APPLY:

CITIZENSHIP

BIRTH CERTIFICATES FOR CHILDREN
NATURALIZATION PAPERS
U.S. PASSPORT
ALIEN REGISTRATION CARD
GREEN CARD

RESIDENCY

PICTURE I.D.
CURRENT AZ DRIVER'S LICENSE
NAME, ADDRESS, AND PHONE OF
LANDLORD
NAME, ADDRESS, AND PHONE OF
NEIGHBOR
CURRENT EMPLOYMENT DOCUMENT
PUBLIC ASSISTANCE DOCUMENT
VOTER REGISTRATION CARD

DEDUCTIBLE EXPENSES

PROOF OF RENT OR MORTGAGE
PROOF OF UTILITY PAYMENTS
PROOF OF MEDICAL INSURANCE
PROOF OF DEPENDENT CARE EXPENSES
MEDICAL BILLS/ RECEIPTS, LAST 12
MONTHS
CHILD SUPPORT OR ALIMONY PAYMENTS
RECEIPTS FOR EMPLOYMENT EXPENSES
RECEIPTS, SELF-EMPLOYMENT EXPENSES

VERIFICATION OF PREGNANCY

PROOF OF PREGNANCY, ESTIMATED DUE
DATE

MISCELLANEOUS

PROOF OF TERMINATED EMPLOYMENT
IMMUNIZATION RECORD
PROOF OF DIAGNOSED CONDITION
HIGH SCHOOL DIPLOMA OR
EQUIVALENCY
INSURANCE CARD

RELATIONSHIP OF HOUSEHOLD MEMBERS

MARRIAGE LICENSE
DIVORCE DECREE
TRIBAL CENSUS
U.S. CENSUS RECORD
PROOF OF GUARDIANSHIP/ CUSTODY
OTHER DOCUMENTS SHOWING
RELATIONSHIP

INCOME FOR ALL HOUSEHOLD MEMBERS

PROOF OF WHO IS LIVING IN YOUR HOME
CHECK STUBS
CHECKS
SELF-EMPLOYMENT BUSINESS RECORDS
INCOME AWRD LETTERS
SCHOOL GRANTS/ LOANS

ASSETS

REGISTRATION/ TITLES FOR ALL
VEHICLES
BANK STATEMENTS
CREDIT UNION STATEMENTS
PROOF OF CHILD SUPPORT RECEIVED
MORTGAGE PAYMENT INFO
SALES CONTRACTS
DEEDS
LIFE INSURANCE POLICIES
PRE-PAID BURIAL
STOCKS
BONDS
SECURITIES
TIME CERTIFICATES
TITLES
TAX ASSESSORS STATEMENT OF REAL
ESTATE OR MOBILE HOMES
TAX RECORDS, AND/ OR W-2 FORMS
SOCIAL SECURITY #
SOCIAL SECURITY # FOR ALL RESIDENTS
OF HOME
OTHER DOCUMENTS SHOWING INCOME

APPLICATION PROCESS:

(CHECK IF NOT APPLICABLE) ☐

WALK-INS ALLOWED?: YES/ NO (PLEASE CIRCLE)

WAIT TIME FOR WALK-INS?: _____

LENGTH OF INITIAL VISIT?: _____

APPOINTMENT NEEDED?: YES/ NO (PLEASE CIRCLE)

SUBSEQUENT VISITS?: YES/ NO (PLEASE CIRCLE)

LENGTH OF SUBSEQUENT VISIT?: _____

APPLICATION PROCESS DESCRIPTION:

NOTIFICATION OF ELIGIBILITY:

☐ 1-5 DAYS ☐ 6-15 DAYS ☐ 16-30 DAYS ☐ OVER 30 DAYS ☐ NOT
APPLICABLE “ VARIES

LENGTH OF TIME BEFORE CLIENT CAN RECEIVE SERVICES:

☐ 1-5 DAYS ☐ 6-15 DAYS ☐ 16-30 DAYS ☐ OVER 30 DAYS ☐ NOT
APPLICABLE “ VARIES

HOW OFTEN MAY A CLIENT RECEIVE SERVICES?:

HOW FUNDING MAY AFFECT CLIENTS:

ACCESSIBILITY ISSUES:

WHEEL CHAIR ACCESSIBLE?: YES/ NO (PLEASE CIRCLE)

PARKING AVAILABLE?: YES/ NO (PLEASE CIRCLE)

CHILD FRIENDLY?: YES/ NO (PLEASE CIRCLE)

MATERIALS AVAILABLE IN OTHER LANGUAGES?: YES/ NO

**MATERIALS AVAILABLE IN OTHER FORMATS?: YES/ NO
(I.E. BRAILLE, AUDIOTAPE, ETC.)**

IF YES, PLEASE NAME THE FORMATS:_____

WITHIN ¼ MILE OF PUBLIC TRANSPORTATION?: YES/ NO

DATE COMPLETED:_____

COMPLETED BY:_____

AMOUNT OF TIME TO COMPLETE:_____

ADDITIONAL COMMENTS:

